

V. DATA MANAGEMENT & REPORTING

A. Grantee Reporting Requirements

Every grantee is required to submit three quarterly progress reports, a final project report, and a final expenditure report. This allows the Coordinating Center to monitor your progress towards meeting your workplan objectives and to identify any technical assistance needs. ***These reports are required in addition to the monthly submission of Client Intake Forms as described in the next section of this Guide.***

The 2010 reporting schedule is as follows:

	<u>Reporting Period:</u>	<u>Due Date:</u>
1st Quarter Progress Report	(01/01/10 - 03/31/10)	April 15, 2010
2nd Quarter Progress Report	(04/01/10 - 06/30/10)	July 15, 2010
3rd Quarter Progress Report	(07/01/10 - 10/30/10)	October 15, 2010
4th Quarter Final Report	(10/01/10 - 12/31/10)	January 15, 2011
Expenditure Report	(01/01/10 - 12/31/10)	February 15, 2011

Reports should be sent as an email attachment to admin@avonbreastcare.org or faxed to 212-695-3081, or mailed to the Coordinating Center along with other attachments or program materials. Email is preferred. There is no need to submit a report by more than one method.

Please follow the instructions provided in this section when preparing your reports, and use the forms provided with this Guide. All reporting forms and instructions are also available for download on the Grantees Only section of our website (www.avonbreastcare.org/granteesonly.htm). If you have questions or concerns about grantee reporting requirements, please contact the Coordinating Center at admin@avonbreastcare.org, or your assigned Project Officer.

Quarterly Progress Reports

Progress reports must be submitted by the due dates specified above. Each progress report must include the following sections, which are described in detail on page 47:

- I. Grantee Contact Information (Cover Sheet)
- II. Progress Narrative
- III. Program Materials
- IV. Data Report

Final Report

A final project report is due on January 15, 2011. The final report should follow the same format as each quarterly report, but the data table needs to be completed for all four quarters, and the report should include a description of significant achievements of the program during the past year, including the fourth quarter.

Final Expenditure Report

All grantees must submit a final expenditure report by February 15, 2011. The expenditure report must show all project-related expenditures for the year, and explain any deviations from the AFBCF-approved program budget. **(NOTE: Prior approval from the AFBCF is required before funds can be reallocated for a purpose other than that specified in the original program proposal and budget; see below)**. Any remaining balance, if applicable, should be clearly specified.

Carryover Requests

You must request approval to use any carryover funds remaining at the end of the current funding cycle. Otherwise, unspent funds should be returned within 60 days from the end of the project year, payable to Cicatelli Associates Inc. Final expenditure report instructions and the **Carryover Request Form** provided with this Guide.

Budget Modification Requests

Budget modification requests should be submitted as early as possible in the project year for any proposed or anticipated reallocation of funds exceeding 10% of your approved Avon budget. Requests must be submitted using the **Budget Modification Request Form** provided with this Guide.

B. Quarterly Progress Report – Components

Each component of the quarterly progress reports is described below. Please submit your report following the template provided. **Electronic copies of all reporting forms are included with this Guide**, and are available for download from the AFBCF website and from the Coordinating Center.

I. Grantee Contact Information (Cover Sheet)

So we can keep your contact information up-to-date, we ask that you please fill out this form and use it as the cover sheet for every progress report. Please take the time to complete this information for every report that you submit, even if none of the information you previously provided has changed. You are also encouraged to send this form to us at any point during the year to update your information as changes occur.

II. Progress Narrative

Please provide a brief summary of your program, describing any special events, major successes or lessons learned that have occurred during the past 3 months, including progress toward achieving screening targets. If you have not reached your quarterly targets (e.g. 25% of annual target by 1st quarter, 50% by 2nd quarter, etc.) please provide an explanation of why targets have not been met. Remember to take this

opportunity to describe any unusual outcomes (changes in client attitudes, skills, or behavior as a result of the program implementation).

III. **Program Materials**

Give a brief description of how the program materials have been or will be used. In accordance with the Terms of Grant, it is necessary for your organization to provide all materials developed for the use of your funded program. For these materials (which include flyers, brochures, educational mailings, public service messages, audio- and videotapes and facility signage), **pre-approval is required in order to verify acknowledgment of support on the part of the Avon Foundation Breast Cancer Crusade or the Avon Foundation Breast Care Fund.**

The materials that should be submitted are those used in the last 3 months of the program and any newly developed materials that will be used in the upcoming 3 months. In addition, **attach copies of any press releases** related to your project.

IV. **Data Report**

This report **must be submitted electronically** to admin@avonbreastcare.org quarterly. Please use corresponding **Quarterly Data Worksheet** in MS Excel. This form is provided with this Guide. It may also be downloaded from the Grantees Only section of our website, or contact admin@avonbreastcare.org. You **must complete all sections of the data report**, including outcomes and provider information. Please refer to Data Dictionary below for variable definitions. If you submit the data report with missing information or errors, you will be asked to resubmit a corrected report.

Please use the following naming convention when saving your data report:

[Two-letter State Abbreviation]_[Grantee Agency Name]_[Year]q[Quarter #].xls

Example: The first quarter 2010 data report for Metropolitan Community Health Center in New York would be named as follows:

NY_MetroCHC_2010q1.xls

C. **Data Dictionary**

The AFBCF requires all grantees to submit quarterly aggregate data reflecting progress toward reaching education and screening targets. As part of each quarterly progress report, you must complete the required data table. Definitions for each reportable category of activity are provided below.

I. **Education Contacts**

A. Individual – The number of one-to-one educational contacts made by outreach staff

B. In Groups – The number of individual clients who participated in group workshops or other educational sessions led by an outreach worker
C. Other – The number of individuals exposed to educational messages through the media. For example, media impressions for television, print, or radio advertisements about your program would be reported here.
Data Quality Check – The total number of Educational Contacts reported for each quarter is equal to the sum of Individual plus In Groups plus Other for that quarter.

II. Mammograms
A. Exam Type
1. Initial Exam (New Clients) – The number of new clients who had a screening mammogram as a result of your program’s outreach efforts; NOT the same as the number of clients having their first mammogram ever.
2. Annual Exam – The number of returning clients having a screening mammogram as a result of your program’s outreach efforts.
B. Outcome
1. Normal – Among clients who you reported had an initial or annual mammogram, the number whose results were normal.
2. Abnormal/Indeterminate – Among clients who you reported had an initial or annual mammogram, the number whose results were abnormal or indeterminate.
a. Breast Cancer – Among clients who you reported had an abnormal/indeterminate mammogram, the number whose results were breast cancer.
b. Not Breast Cancer – Among client who you reported had an abnormal/indeterminate mammogram, the number whose results were not breast cancer.
c. Results Pending – Among clients who you reported had an abnormal/indeterminate mammogram, the number whose results were not available at the time your report was due.
C. Provider
1. CDC Contractor – Among clients who you reported had an initial or annual mammogram, the number of mammograms which were paid for by your state’s CDC-funded Breast and Cervical Cancer Early Detection Program (BCCEDP).
2. Other – Among clients who you reported had an initial or annual mammogram, the number of mammograms which were paid for by a source other than your state’s CDC-funded BCCEDP.
Data Quality Check – The total number of mammograms reported for each quarter is equal to the total by Exam Type, is equal to the total by Outcome, is equal to the total by Provider for that quarter.

III. CBE (Clinical Breast Exam)
A. Exam Type
1. Initial Exam (New Clients) – The number of new clients who had a CBE as a result of your program’s outreach efforts; NOT the same as the number of clients having their first CBE ever.
2. Annual Exam – The number of returning clients having a mammogram as a result of your program’s outreach efforts.
B. Outcome*
1. Normal – Among clients who you reported had an initial or annual CBE, the number whose results were normal.
2. Abnormal/Indeterminate – Among clients who you reported had an initial or annual CBE, the number whose results were abnormal or indeterminate.
C. Provider
1. CDC Contractor – Among clients who you reported had an initial or annual CBE, the number of CBEs which were paid for by your state’s CDC-funded Breast and Cervical Cancer Early Detection Program (BCCEDP).
2. Other – Among clients who you reported had an initial or annual CBE, the number of CBEs which were paid for by a source other than your state’s CDC-funded BCCEDP.
Data Quality Check – The total number of CBEs reported for each quarter is equal to the total by Exam Type, is equal to the total by Outcome, is equal to the total by Provider for that quarter.

D. Frequently Asked Questions about the Quarterly Data Report

The following section addresses frequently asked questions pertaining to the Quarterly Data Reporting Worksheet. Please refer to the Data Dictionary for variable definitions. If you have additional questions about your data report, please contact your Project Officer or the Coordinating Center at admin@avonbreastcare.org.

Which version of the form should I use to report my quarterly data?

Data must be submitted electronically using the most recent version of the Quarterly Data Report Worksheet (*last revised January 28, 2009*) in Microsoft Excel. You may obtain electronic copies of all reporting forms from the AFBCF website or by contacting the Coordinating Center. If you do not have access to Microsoft Excel software, please notify your Project Officer.

When should I submit my quarterly data?

You should submit your quarterly data by email on the same date you submit your quarterly progress report according to the reporting deadlines specified in this Guide.

The worksheet is protected. How can I modify the form?

Do not modify the form. Enter quarterly data in the green shaded cells only. Other cells contain formulas and should not be modified.

Can I make notes on the data worksheet?

No. Enter numbers only in the green shaded cells. You may provide further explanation of data in your progress narrative if needed.

What should I include in the Quarterly Data Report totals for Educational Contacts?

You should report educational contacts as these relate to your outreach or education efforts funded through this grant. You may include in your report the total number of one-to-one educational contacts made by outreach staff ("Individual"), the number of individual clients who participated in group workshops or other educational sessions led by an outreach worker ("In Groups"), as well as the number of individuals exposed to educational messages through the media, brochures or program flyers ("Other"). For example, media impressions for television, print, or radio advertisements about your program would be reported as "Other" Educational Contacts.

How should I count educational messages distributed through the media, brochures, or program flyers?

As stated above, you may count the number of individuals exposed to educational messages through the media, brochures or program flyers and report these as "Other" Educational Contacts. For example, media impressions for television, print, or radio advertisements about your program would be reported as "Other" Educational Contacts.

Which clients should be included in the Quarterly Data Report totals for mammograms and CBEs?

You should report the number of clients to whom your agency provided mammography and/or clinical breast exam referrals or services as a result of your outreach or education efforts funded through this grant. If your agency only provides referrals for mammograms, you should only count clients once you have verified that they have received a mammogram.

Should the number of Client Intake Forms (CIFs) be the same as the number of mammograms or CBEs reported?

Yes, the number of CIFs submitted in a given quarter should generally correspond with the number of screenings reported in your quarterly progress report, as the CIFs are meant to represent the same population of clients as your quarterly data. Discrepancies should be explained in your progress narrative.

Under Mammogram Outcomes, the form will not let me enter information for "Abnormal/Indeterminate". How should I enter this data?

For Mammograms and CBEs, the total for "Abnormal/Indeterminate" is automatically calculated in the worksheet as the sum of "Breast Cancer", "Not Breast Cancer", and

“Results Pending”. You must enter data for these three sub-categories in order to display the totals for “Abnormal/Indeterminate”.

After I enter my data, I see a message in red that reads “Total for Outcome should equal total by Exam Type”. What should I do?

For mammograms and CBEs, make sure that the total number of Exams (“Initial” plus “Annual”) you have reported for each quarter is the same as the total you have reported for Outcomes (“Normal” plus “Abnormal/Indeterminate”). As stated above, the total for “Abnormal/Indeterminate” is automatically calculated in the worksheet as the sum of “Breast Cancer”, “Not Breast Cancer”, and “Results Pending”. If you have no outcomes data available for a client’s exam, do not include that exam in your quarterly data totals.

After I enter my data, I see a message in red that reads “Total for Provider should equal total by Exam Type”. What should I do?

For mammograms and CBEs, make sure that the total number of Exams (“Initial” plus “Annual”) you have reported for each quarter is the same as the total you have reported for Provider (“CDC Contractor” plus “Other”).

If my data has changed since the last quarterly report, can I make changes?

Yes. When you submit your quarterly data report, you may update data for any quarter year to date. Please explain any major changes in your progress report narrative. Note, however, that your annual project data cannot be updated after January 15 when your final report is submitted.

When should I report a client’s outcome as “Result Pending”?

You should report an outcome as “Result Pending” if a client’s mammogram or CBE result was “Abnormal/Indeterminate”, and the results of further diagnostic testing are not yet available at the time of your report to determine whether the finding was “Breast Cancer” or “Not Breast Cancer”. You may update your data in your next quarterly report once the diagnosis has been completed.

How should I report outcomes for clients if no results are available from the provider?

If you have no outcomes data available for a client’s exam, do not include that exam in your quarterly data totals. Grantees are expected to obtain results data for all clients and to ensure that all clients that are screened will receive their results, all clients with an abnormal test result will receive further diagnostic testing, and all clients with a cancer diagnosis will receive a referral for treatment and follow-up support as needed to ensure access to treatment. Personally identifiable client information should never be reported to the Avon Foundation Breast Care Fund.

When a client’s CBE result is “Abnormal/Indeterminate”, the final diagnosis is based on the mammogram. How should I report this under CBE Outcomes?

You may report the clinical diagnosis for clinical breast exams (“Breast Cancer” or “Not Breast Cancer”) based on the mammogram result for that client.

Where should I report follow-up diagnostic mammograms (not initial or annual)?

Only screening mammograms (initial or annual) should be reported. Follow-up mammograms performed for diagnostic purposes should not be reported. In general, you should only report one mammogram per client per year.

E. Reporting Forms & Templates – Instructions

Please use the downloadable forms provided with this Guide. Do not modify the data forms as these are configured to match our project database system. Once again, you may also obtain electronic copies of all reporting forms from the AFBCF website or by contacting the Coordinating Center at admin@avonbreastcare.org.

F. Year-End Financial Report & Carryover Requests**Final Expenditure Report**

All grantees are required to submit an expenditure report detailing *actual* versus *budgeted* project spending. Please refer to your 2010 approved Avon budget, and list in a new column all actual expenses. A sample **Final Expenditure Report Form** is provided with this Guide. Discrepancies between the budgeted and actual project expenses should be noted and explained. (NOTE: Prior approval from the AFBCF is required before funds exceeding 10% of your total Avon request can be reallocated for a purpose other than that specified in the original program proposal and budget; see Budget Modification Requests, below). Any remaining balance, if applicable, should be clearly specified. This report is due February 15, 2011. Requests received after this date may not be approved.

Carryover Request

You must request approval to use any carryover funds remaining at the end of the current funding cycle. This request is due to the AFBCF Coordinating Center by February 15, 2011. Please use the **Carryover Request Form** provided with this Guide.

Unspent Funds

Any unspent funds not approved for carryover must be returned by March 1, 2011 or interest will be accrued at the customary lenders rate (6-8%). Make checks payable to Cicitelli Associates Inc.

G. Budget Modification Requests

Budget modification requests should be submitted as early as possible in the project year for any proposed or anticipated reallocation of any line item expenditures on your approved Avon budget exceeding 10% of Avon funding. Only 2 budget modification requests are allowed per year. Final budget modification requests must be submitted no later than November 1, 2010.

These requests should be submitted to your assigned Project Officer and will be subject to approval by the AFBCF Project Director. Budget modification requests, including a line item budget plus justification, should be submitted using the **Budget Modification Request Form** provided with this Guide.